

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029866

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED AUG 9 1963

Primary Registration District

1003

Registrar's No.

7707

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

3732 Cote Brillante

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

3732 Cote Brillante

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

Baby

Andre

Middle

Dixon

Last

4. DATE OF DEATH

Month

Day

Year

July

25

1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-26-63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

3 29

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

ST. LOUIS, Mo.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Charles Dixon

13b. MOTHER'S MAIDEN NAME

Daisy Marie Mc Dowell

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Daisy Marie Dixon 3732 Cote Brillante

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

493x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3:55

A.m.

Death occurred at

and last saw him alive on

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Helen L. Taylor

Coroner

1300 Clark Ave.

7-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

July 29

1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

Berkely, Mo.

(State)

24. FUNERAL DIRECTOR

Atkins Bros.

3644 Finney Ave.

25. DATE RECD. BY LOCAL REG.

JUL 27 1963

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.